

**Index of Insurance Invoices - 2001**

| <u>Type of Policy</u>      | <u>Page No.</u> |
|----------------------------|-----------------|
| AL = Auto Liability        | 2 - 13          |
| WC = Worker's Compensation | 14 - 23         |
| XL = Excess Liability      | 24 - 27         |
| FL = Fiduciary Liability   | 28 - 29         |
| SS = Mobile Substation     | 30 - 31         |
| D&O = Directors & Officers | 31 - 35         |
| EP = Employment Practices  | 36 - 39         |
| AR = All Risk Property     | 40 - 41         |
| CR = Crime                 | 42 - 43         |
| KE = Crime K&E             | 44 - 45         |

Summary of Insurance Invoices - 2001  
Fitchburg's Allocation

| Type of Insurance | Period |        |        |        |        |        |        |        |        |    |       |        | Total   |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----|-------|--------|---------|
|                   | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8      | 9      | 10 | 11    | 12     |         |
| WC                |        | 23,644 | 11,822 | 11,899 | 11,822 | 11,822 | 11,822 | 11,822 | 11,822 |    | 2,678 | 47,584 | 153,859 |
| AL                | 2,678  | 2,678  | 2,678  | 2,678  | 2,678  | 2,678  | 2,678  | 2,678  | 2,678  |    |       | 2,678  | 29,461  |
| XL - Invoice      | 85,839 |        |        |        |        |        |        |        |        |    |       |        | 85,839  |
| XL - Broker       | 5,973  |        |        |        |        |        |        |        |        |    |       |        | 5,973   |
| FL - Invoice      | 5,212  |        |        |        |        |        |        |        |        |    |       |        | 5,212   |
| SS                |        |        |        |        |        | 4,602  |        |        |        |    |       |        | 4,602   |
| D&O - Invoice     |        |        |        |        |        | 22,206 |        |        |        |    |       |        | 22,206  |
| D&O - Broker      |        |        |        |        |        | 6,180  |        |        |        |    |       |        | 6,180   |
| EP - Invoice      |        |        | 2,071  |        |        |        |        |        |        |    |       |        | 2,071   |
| EPL - Broker      |        |        | 313    |        |        |        |        |        |        |    |       |        | 313     |
| AR                |        |        |        |        |        | 39,169 |        |        |        |    |       |        | 39,169  |
| Crime             |        |        | 2,142  |        |        |        |        |        |        |    |       |        | 2,142   |
| KE                |        |        |        | 1,780  |        |        |        |        |        |    |       |        | 1,780   |
|                   | 99,702 | 26,322 | 19,028 | 18,157 | 14,500 | 86,657 | 14,500 | 14,500 | 14,500 | -  | 2,678 | 50,262 | 358,806 |

Summary of Insurance Invoices - 2001  
Fitchburg's Allocation  
Electric

| Type of Insurance | Period |        |       |       |       |        |       |       |       |    |    |        | Total   |
|-------------------|--------|--------|-------|-------|-------|--------|-------|-------|-------|----|----|--------|---------|
|                   | 1      | 2      | 3     | 4     | 5     | 6      | 7     | 8     | 9     | 10 | 11 | 12     |         |
| WC                | -      | 13,449 | 6,724 | 6,654 | 6,724 | 6,724  | 6,724 | 6,724 | 6,724 | -  | -  | 27,066 | 87,515  |
| AL                |        |        |       |       |       |        |       |       |       |    |    |        | -       |
| XL - Invoice      | 48,825 | -      | -     | -     | -     | -      | -     | -     | -     | -  | -  | -      | 48,825  |
| XL - Broker       | 3,397  | -      | -     | -     | -     | -      | -     | -     | -     | -  | -  | -      | 3,397   |
| FL - Invoice      | 2,965  | -      | -     | -     | -     | -      | -     | -     | -     | -  | -  | -      | 2,965   |
| SS                | -      | -      | -     | -     | -     | 2,949  | -     | -     | -     | -  | -  | -      | 2,949   |
| D&O - Invoice     | -      | -      | -     | -     | -     | 12,631 | -     | -     | -     | -  | -  | -      | 12,631  |
| D&O - Broker      | -      | -      | -     | -     | -     | 3,515  | -     | -     | -     | -  | -  | -      | 3,515   |
| EP - Invoice      | -      | -      | 1,178 | -     | -     | -      | -     | -     | -     | -  | -  | -      | 1,178   |
| EPL - Broker      | -      | -      | 178   | -     | -     | -      | -     | -     | -     | -  | -  | -      | 178     |
| AR                | -      | -      | -     | -     | -     | 25,099 | -     | -     | -     | -  | -  | -      | 25,099  |
| Crime             | -      | -      | 1,373 | -     | -     | -      | -     | -     | -     | -  | -  | -      | 1,373   |
| KE                | -      | -      | -     | 1,141 | -     | -      | -     | -     | -     | -  | -  | -      | 1,141   |
|                   | 55,187 | 13,449 | 9,453 | 7,795 | 6,724 | 50,918 | 6,724 | 6,724 | 6,724 | -  | -  | 27,066 | 190,766 |

Summary of Insurance Invoices - 2001  
Fitchburg's Allocation  
Gas

| Type of Insurance | Period |        |       |       |       |        |       |       |       |    |    |        | Total   |
|-------------------|--------|--------|-------|-------|-------|--------|-------|-------|-------|----|----|--------|---------|
|                   | 1      | 2      | 3     | 4     | 5     | 6      | 7     | 8     | 9     | 10 | 11 | 12     |         |
| WC                | -      | 10,195 | 5,098 | 5,045 | 5,098 | 5,098  | 5,098 | 5,098 | 5,098 | -  | -  | 20,518 | 66,344  |
| AL                | -      | -      | -     | -     | -     | -      | -     | -     | -     | -  | -  | -      | -       |
| XL - Invoice      | 37,014 | -      | -     | -     | -     | -      | -     | -     | -     | -  | -  | -      | 37,014  |
| XL - Broker       | 2,576  | -      | -     | -     | -     | -      | -     | -     | -     | -  | -  | -      | 2,576   |
| FL - Invoice      | 2,247  | -      | -     | -     | -     | -      | -     | -     | -     | -  | -  | -      | 2,247   |
| SS                | -      | -      | -     | -     | -     | 1,653  | -     | -     | -     | -  | -  | -      | 1,653   |
| D&O - Invoice     | -      | -      | -     | -     | -     | 9,575  | -     | -     | -     | -  | -  | -      | 9,575   |
| D&O - Broker      | -      | -      | -     | -     | -     | 2,665  | -     | -     | -     | -  | -  | -      | 2,665   |
| EP - Invoice      | -      | -      | 893   | -     | -     | -      | -     | -     | -     | -  | -  | -      | 893     |
| EPL - Broker      | -      | -      | 135   | -     | -     | -      | -     | -     | -     | -  | -  | -      | 135     |
| AR                | -      | -      | -     | -     | -     | 14,070 | -     | -     | -     | -  | -  | -      | 14,070  |
| Crime             | -      | -      | 769   | -     | -     | -      | -     | -     | -     | -  | -  | -      | 769     |
| KE                | -      | -      | -     | 639   | -     | -      | -     | -     | -     | -  | -  | -      | 639     |
|                   | 41,837 | 10,195 | 6,895 | 5,684 | 5,098 | 33,060 | 5,098 | 5,098 | 5,098 | -  | -  | 20,518 | 138,580 |

**2001  
AL  
INVOICE**

UNITIL CORPORATION  
6 LIBERTY LANE WEST  
HAMPTON, NH 03842-1720

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 3 of 45

LIBERTY  
MUTUAL



ACCOUNT NO. 1 481498 0000 00  
PERIOD ENDING 01/11/01  
INVOICE NO. 40000127

UNITIL CORPORATION

PREVIOUS BALANCE AS OF 01/08/01

17,442.91

WC7-170 Workers Compensation  
AS2-120 Business Auto  
WC2-180 Workers Compensation

Installment 02 (Unbilled bal. 113,302.50)  
Installment 02 (Unbilled bal. 59,288.34)  
Installment 02 (Unbilled bal. 1,838.34)

11,330.25

5,928.83

183.83

TOTAL NEW CHARGES

17,442.91

*Previous Bal. of 17,442.91  
paid on invoice #40001239*

**BETTERFORMS**  
**& PRINTED PRODUCTS**

New Balance

34,885.82

FOR COVERAGE QUESTIONS WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT 603-472-7100.  
10 CORPORATE DRIVE , BEDFORD, NH 03110.  
FOR BILLING QUESTIONS WRITE OR CALL: 1-800-320-7582 TONYA HONAKER X31818.  
CUSTOMER ACCOUNTING SERVICES, PO BOX 1525, DOVER, NH 03821-1525.

*Reg 910  
#9217*

PLEASE DETACH AND SEND WITH CHECK

PO Total: \$209,314.92

Total Received: \$17,442.91

Remaining: \$174,429.10

Total: \$17,442.91

|                          |                            |
|--------------------------|----------------------------|
| Vouchered by: <i>JWS</i> | Voucher Month: <i>JAN</i>  |
| PrePaid Check#:          | Batch#: <i>122 900 638</i> |
| Approved By:             | Return Check To: Payee     |

4

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 4 of 45

1/481498

UNITIL CORPORATION  
6 LIBERTY LANE WEST  
HAMPTON, NH 03842

EFFECTIVE DATE:  
DUE DATE:  
INVOICE #:

12/31/2000  
Upon Receipt  
40001234

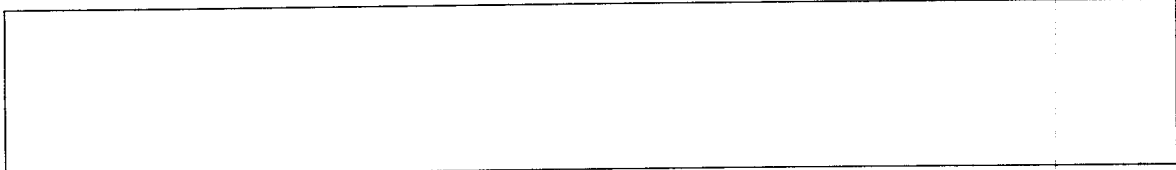
FIRST INSTALLMENT

| POLICY TYPE           | POLICY NUMBER      | AMOUNT DUE |
|-----------------------|--------------------|------------|
| Workers' Compensation | WC7-111-481498-170 | 11,330.25  |
| Workers' Compensation | WC2-111-481498-180 | 183.83     |
| Automobile            | AS2-111-481498-120 | 5,928.83   |

Pay again  
in Feb.

BALANCE DUE

17,442.92



TO ENSURE PROPER APPLICATION OF YOUR PAYMENT, REMIT TO:

LIBERTY MUTUAL GROUP    P. O. Box 0569    Carol Stream, IL 60132-0569

This invoice reflects the deposit (Installment #1) based on your actual estimated renewal premiums. The next invoice for payment due will be mailed shortly by our Dover, NH Customer Accounting Services Department and will reflect installments #1 and #2. Your cash payment may not be reflected on this invoice due to timing of your remittance. Therefore, if you have already mailed the deposit (Installment #1), just submit the premium amount due for installment #2.

209.90  
#19217

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 5 of 45



CORPORATION  
LANE WEST  
NH 03842-1720

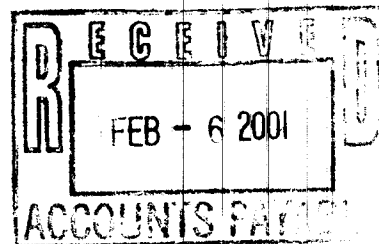
**UNITIL CORPORATION**

**ACCOUNT NO.** 1 481498 0000 00  
**BILLING DATE** 01/08/01  
**INVOICE NO.** 40000126

**AMOUNT DUE**

|         |                      |                               |             |           |
|---------|----------------------|-------------------------------|-------------|-----------|
| WC7-170 | Workers Compensation | Installment 01 (Unbilled bal. | 124,632.75) | 11,330.25 |
| AS2-120 | Business Auto        | Installment 01 (Unbilled bal. | 65,217.17)  | 5,928.83  |
| WC2-180 | Workers Compensation | Installment 01 (Unbilled bal. | 2,022.17)   | 183.83    |

*Inst #1  
this was also paid in Jan*



**Total Due** 17,442.91

**FOR COVERAGE QUESTIONS WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT 603-472-7100.**  
10 CORPORATE DRIVE, BEDFORD, NH 03110.  
**FOR BILLING QUESTIONS WRITE OR CALL: 1-800-320-7582 TONYA HONAKER X31818.**  
**CUSTOMER ACCOUNTING SERVICES, PO BOX 1525, DOVER, NH 03821-1525.**

*2009 9D.#  
19217*

PO Total: \$209,314.92  
Remaining: \$156,986.19

Vouchered by:  
PrePaid Check#:  
Approved By:

*JNS*

Voucher Month:  
Batch#: 102900650  
Return Check To: Payee

*Feb*

CORPORATION  
LIBERTY LANE WEST  
AMPTON, NH 03842-1720

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 6 of 45



UNITIL CORPORATION

ACCOUNT NO. 1 481498 0000 00  
PERIOD ENDING 02/08/01  
INVOICE NO. 40000128

02/02/01

WC7-170 Workers Compensation  
AS2-120 Business Auto  
WC2-180 Workers Compensation

PREVIOUS BALANCE AS OF 01/11/01

Payment Received - Thank You

34,885.82

34,885.82CR

BALANCE BEFORE NEW CHARGES

0.00

Installment 03 (Unbilled bal. 101,972.25)  
Installment 03 (Unbilled bal. 53,359.51)  
Installment 03 (Unbilled bal. 1,654.51)  
TOTAL NEW CHARGES

11,330.25 \*  
5,928.83 \*  
183.83  
17,442.91

New Balance

17,442.91

\* Installment revised to reflect premium of \$135,963.00 on your WC7-170 policy.  
\* Installment revised to reflect premium of \$71,146.00 on your AS2-120 policy.

FOR COVERAGE QUESTIONS WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT 603-472-7100.  
10 CORPORATE DRIVE , BEDFORD, NH 03110.  
FOR BILLING QUESTIONS WRITE OR CALL: 1-800-320-7582 TONYA HONAKER X31818.  
CUSTOMER ACCOUNTING SERVICES, PO BOX 1525, DOVER, NH 03821-1525.

#19217

PO Total: \$209,314.92  
Remaining: \$139,543.28

Total Received: \$17,442.91  
Total: \$17,442.91

|                 |                        |
|-----------------|------------------------|
| Vouchered by:   | Voucher Month:         |
| PrePaid Check#: | Batch#:                |
| Approved By:    | Return Check To: Payee |

Tuesday, February 27, 2001

LIBERTY CORPORATION  
LIBERTY LANE WEST  
HAMPTON, NH 03842-1720

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 7 of 45

ACCOUNT NO. 1 481498 0000 00  
PERIOD ENDING 04/10/01  
INVOICE NO. 40000130

UNITIL CORPORATION

PREVIOUS BALANCE AS OF 03/12/01

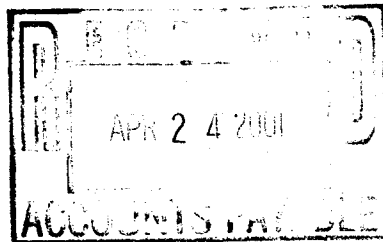
1.00

WC7-170 Workers Compensation  
AS2-120 Business Auto  
WC2-180 Workers Compensation

Installment 05 (Unbilled bal. 79,311.75)  
Installment 05 (Unbilled bal. 41,501.85)  
Installment 05 (Unbilled bal. 1,286.85)

11,330.25  
5,928.83  
183.83  
17,442.91

TOTAL NEW CHARGES



New Balance

17,443.91

FOR COVERAGE QUESTIONS WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT 603-472-7100.  
10 CORPORATE DRIVE , BEDFORD, NH 03110.  
FOR BILLING QUESTIONS WRITE OR CALL: 1-800-320-7582 TONYA HONAKER X31818.  
CUSTOMER ACCOUNTING SERVICES, PO BOX 1525, DOVER, NH 03821-1525.

PLEASE DETACH AND SEND WITH CHECK  
\$0.23 22.65 26-00-08-00-925-01-00

INJURIES AND DAMAGES

PO Total: \$209,314.92  
Remaining: \$122,099.37

Freight: \$0.00  
Total Received: \$17,443.91  
Total: \$17,443.91

Vouchered by:

PrePaid Check#:

Approved By:

Voucher Month:

Batch#:

Return Check To: Payee

Tuesday, April 24, 2001

Page 23 of 28



CORPORATION  
RTY LANE WEST  
TON, NH 03842-1720

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 8 of 45

ACCOUNT NO. 1 481498 0000 00  
PERIOD ENDING 05/11/01  
INVOICE NO. 40000131

UNITIL CORPORATION

|                              |  |             |
|------------------------------|--|-------------|
|                              | PREVIOUS BALANCE AS OF 04/10/01          | 17,443.91   |
| 05/01/01                     | Payment Received - Thank You             | 17,443.91CR |
| 05/01/01                     | Payment Received - Thank You             | 1.00CR      |
|                              | BALANCE BEFORE NEW CHARGES               | 1.00CR      |
| WC7-170 Workers Compensation | Installment 06 (Unbilled bal. 67,981.50) | 11,330.25   |
| AS2-120 Business Auto        | Installment 06 (Unbilled bal. 35,573.02) | 5,928.83    |
| WC2-180 Workers Compensation | MA Assessment                            | 32.00       |
| WC2-180 Workers Compensation | Installment 06 (Unbilled bal. 1,217.02)  | 202.83 *    |
|                              | TOTAL NEW CHARGES                        | 17,493.91   |

New Balance 17,492.91

\* Installment revised to reflect premium of \$2,339.00 on your WC2-180 policy.

FOR COVERAGE QUESTIONS WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT 603-472-7100.  
10 CORPORATE DRIVE , BEDFORD, NH 03110.  
FOR BILLING QUESTIONS WRITE OR CALL: 800-320-7582 TONYA HONAKER X31818.  
CUSTOMER ACCOUNTING SERVICES, PO BOX 1525, DOVER, NH 03821-1525.

#19217

|          |       |                       |
|----------|-------|-----------------------|
| \$156.89 | 77.35 | 12-30-08-00-925-01-00 |
| \$45.94  | 22.65 | 26-00-08-00-925-01-00 |
| (\$0.77) | 77.35 | 12-30-08-00-925-01-00 |
| (\$0.23) | 22.65 | 26-00-08-00-925-01-00 |

INJURIES AND DAMAGES  
INJURIES & DAMAGES  
INJURIES AND DAMAGES  
INJURIES & DAMAGES  
INJURIES AND DAMAGES

PO Total: \$209,314.92  
Remaining: \$104,606.46

Freight: \$0.00  
Total Received: \$17,492.91  
Total: \$17,492.91

|                 |     |                  |             |
|-----------------|-----|------------------|-------------|
| Vouchered by:   | JWS | Voucher Month:   | MAY         |
| PrePaid Check#: |     | Batch#:          | 122 900 730 |
| Approved By:    |     | Return Check To: | Payee       |

Friday, May 25, 2001

UNITIL CORPORATION  
6 LIBERTY LANE WEST  
HAMPTON, NH 03842-1720

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-81 Attachment 2  
Page 9 of 45

ACCOUNT NO. 1 481498 0000 00  
PERIOD ENDING 06/11/01  
INVOICE NO. 40000132

UNITIL CORPORATION

06/05/01

|                                 |  |           |
|---------------------------------|--|-----------|
| PREVIOUS BALANCE AS OF 05/11/01 | 17,492.91                                |           |
| Payment Received - Thank You    | 17,492.91CR                              |           |
| BALANCE BEFORE NEW CHARGES      | 0.00                                     |           |
| WC7-170 Workers Compensation    | Installment 07 (Unbilled bal. 56,651.25) | 11,330.25 |
| AS2-120 Business Auto           | Installment 07 (Unbilled bal. 29,644.19) | 5,928.83  |
| WC2-180 Workers Compensation    | Installment 07 (Unbilled bal. 1,014.19)  | 202.83    |
|                                 | TOTAL NEW CHARGES                        | 17,461.91 |

New Balance 17,461.91

FOR COVERAGE QUESTIONS WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT 603-472-7100.  
10 CORPORATE DRIVE , BEDFORD, NH 03110.  
FOR BILLING QUESTIONS WRITE OR CALL: 800-320-7582 TONYA HONAKER X31818.  
CUSTOMER ACCOUNTING SERVICES, PO BOX 1525, DOVER, NH 03821-1525.

PO Total: \$209,314.92  
Remaining: \$87,144.55

Total Received: \$17,461.91  
Total: \$17,461.91

Vouchered by:  
PrePaid Check#:  
Approved By:

Voucher Month:

Batch#:

Return Check To: Payee

Tuesday, June 26, 2001

Page 23 of 26

UNITIL CORPORATION  
6 LIBERTY LANE WEST  
HAMPTON, NH 03842-1720

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 10 of 45

STATEMENT OF A

ACCOUNT NO. 1 481498 0000 00

ISSUE DATE: 08/07/01

UNITIL CORPORATION

| DATE     | INV/EXH  | POLICY/EXPLANATION   | AMOUNT    |
|----------|----------|----------------------|-----------|
| 07/11/01 | 40000133 | WC7-1700 Installment | 11,330.25 |
| 07/11/01 | 40000133 | WC2-1800 Installment | 202.83    |
| 07/11/01 | 40000133 | AS2-1200 Installment | 5,928.83  |

drops off  
on inst #9 in Aug? Inst #8?

AUG 9

rec'd by RAM  
08/15/01

Total Due  
INSTALLMENT PAST DUE( 7/3). PLEASE REMIT PAYMENT.

17,461.91

FOR SERVICE WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT: 1-603-472-7100  
10 CORPORATE DRIVE, BEDFORD, NH 03110

#51168

PO Total: \$209,314.92  
Remaining: \$69,682.64

Total Received: \$17,461.91  
Total: \$17,461.91

|                 |     |                  |           |
|-----------------|-----|------------------|-----------|
| Vouchered by:   | JWS | Voucher Month:   | AUG       |
| PrePaid Check#: |     | Batch#:          | 122900788 |
| Approved By:    |     | Return Check To: | Payee     |

UNITIL CORPORATION  
6 LIBERTY LANE WEST  
HAMPTON, NH 03842-1720

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 11 of 45

ACCOUNT NO. 1 481498 0000 00  
BILLING DATE 08/13/01  
INVOICE NO. 40000135

UNITIL CORPORATION

AS2-120 Business Auto  
WC2-180 Workers Compensation

Installment 09 (Unbilled bal.  
Installment 09 (Unbilled bal.

17,786.53)  
608.49) 5,928.83  
202.87

AMOUNT DUE

WC7-1700 \$11,330.25 missing? Tom Gathenun?

AUG 22

Total Due 6,131.70

FOR COVERAGE QUESTIONS WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT 603-472-7100.  
10 CORPORATE DRIVE , BEDFORD, NH 03110.  
FOR BILLING QUESTIONS WRITE OR CALL: 800-320-7582 NANCY WILLIAMS X31914.  
CUSTOMER ACCOUNTING SERVICES, PO BOX 1525, DOVER, NH 03821-1525.

#19217

|                   |                        |
|-------------------|------------------------|
| Vouchered by: LAB | Voucher Month: Aug     |
| PrePaid Check#:   | Batch#: 122900797      |
| Approved By:      | Return Check To: Payee |

UNITIL CORPORATION  
6 LIBERTY LANE WEST  
HAMPTON, NH 03842-1720

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 12 of 45

UNITIL CORPORATION

ACCOUNT NO. 1 481498 0000 00  
BILLING DATE 10/11/01  
INVOICE NO. 40000138

AS2-120 Business Auto  
WC2-180 Workers Compensation

Installment 11 (Unbilled bal.  
Installment 11 (Unbilled bal.

AMOUNT DUE

5,928.83) 5,928.83  
202.83) 202.83

Total Due

6,131.66

FOR COVERAGE QUESTIONS WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT 603-472-7100.  
10 CORPORATE DRIVE , BEDFORD, NH 03110.  
FOR BILLING QUESTIONS WRITE OR CALL: 800-320-7582 NANCY WILLIAMS X31914.  
CUSTOMER ACCOUNTING SERVICES, PO BOX 1525, DOVER, NH 03821-1525.

#19217

|                   |                        |
|-------------------|------------------------|
| Vouchered by: LAB | Voucher Month: Oct     |
| PrePaid Check#:   | Batch#: 122900843      |
| Approved By:      | Return Check To: Payee |

UNITIL CORPORATION  
6 LIBERTY LANE WEST  
HAMPTON, NH 03842-1720

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 13 of 45

ACCOUNT NO. 1 481498 0000 00  
BILLING DATE 11/12/01  
INVOICE NO. 40000140

UNITIL CORPORATION

AS2-120 Business Auto  
WC2-180 Workers Compensation

Installment 12  
Installment 12

AMOUNT DUE

5,928.83  
202.83

NOV 19

NOV 29 2001

Total Due 6,131.66

# 19217

FOR COVERAGE QUESTIONS WRITE OR CALL YOUR LIBERTY MUTUAL OFFICE AT 603-472-7100.  
10 CORPORATE DRIVE , BEDFORD, NH 03110.  
FOR BILLING QUESTIONS WRITE OR CALL: 800-320-7582 NANCY WILLIAMS X31914.  
CUSTOMER ACCOUNTING SERVICES, PO BOX 1525, DOVER, NH 03821-1525.

Vouchered by:

LAB

Voucher Month: NOV

PrePaid Check#:

Batch#:

122900866

Approved By:

Return Check To: Payee

**2001  
WC  
INVOICE**

THE TRAVELERS  
P.O. BOX 96359  
CHICAGO IL 60693-6359

**PR**

ASSIGNED RISK-WOR

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 15 of 45

Date of Bill: 02/20/01  
Policy Number: 716X9999

**DIRECT INQUIRIES TO:**

THE TRAVELERS  
P.O. BOX 3556  
ORLANDO FL 32802-3556

1-800-443-4404  
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT  
CO  
285 JOHN FITCH HWY  
FITCHBURG MA 01420

|            |             |
|------------|-------------|
| Amount Due | \$23,644.00 |
| Date Due   | 03/22/01    |

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

| DESCRIPTION      |                         |                          | PREMIUM     |
|------------------|-------------------------|--------------------------|-------------|
| POLICY PERIOD    | EFFECTIVE DATE 12/31/00 | EXPIRATION DATE 12/31/01 |             |
| INSTALLMENT      | DUE DATE                | 01/31/01                 | \$11,822.00 |
| INSTALLMENT      | DUE DATE                | 02/28/01                 | \$11,822.00 |
| TOTAL AMOUNT DUE |                         |                          | \$23,644.00 |

\*\* PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", \*\*  
\*\* CANCELLATION PROCEDURES WILL BE INITIATED. \*\*

SEE REVERSE SIDE FOR MORE INFORMATION  
TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

|                 |                        |
|-----------------|------------------------|
| Vouchered by:   | Voucher Month:         |
| PrePaid Check#: | Batch#:                |
| Approved By:    | Return Check To: Payee |

Special Mailing Instructions:



1  
ASSIGNED RISK-V

DTE 02-24 and DTE 02-25  
 Common Discovery  
 AG 1-61 Attachment 2  
 Page 16 of 45

Date of Bill: 03/06/01  
 Policy Number: 716X9999

DIRECT INQUIRIES TO:  
 THE TRAVELERS  
 P.O. BOX 3556  
 ORLANDO FL 32802-3556

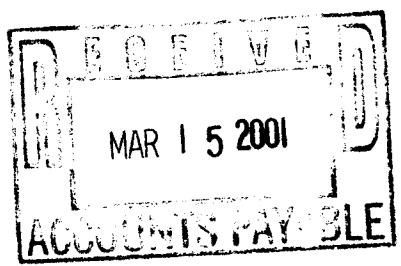
1-800-443-4404  
 1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT  
 CO  
 285 JOHN FITCH HWY  
 FITCHBURG MA 01420

|            |             |
|------------|-------------|
| Amount Due | \$11,822.00 |
| Date Due   | 04/05/01    |

PRODUCER: C J MCCARTHY INS AGCY

| DESCRIPTION   |                |                  | PAGE 1 OF 1 |
|---------------|----------------|------------------|-------------|
| POLICY PERIOD | EFFECTIVE DATE | EXPIRATION DATE  | PREMIUM     |
| INSTALLMENT   | 12/31/00       | 12/31/01         |             |
|               | DUE DATE       | 03/28/01         | \$11,822.00 |
|               |                | TOTAL AMOUNT DUE | \$11,822.00 |



\*\*  
\*\*

PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE",  
 CANCELLATION PROCEDURES WILL BE INITIATED.

\*\*  
\*\*

SEE REVERSE SIDE FOR MORE INFORMATION  
 TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return, payment stub and mail to the return address below.

#21215

|                 |                        |
|-----------------|------------------------|
| Vouchered by:   | Voucher Month: March   |
| PrePaid Check#: | Batch#: 202900679      |
| Approved By:    | Return Check To: Payee |

THE TRAVELERS  
P.O. BOX 96359  
CHICAGO IL 60693-6359

ASSIGNED RIS

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 17 of 45

Date of Bill: 03/29/01  
Policy Number: 716X9999

**DIRECT INQUIRIES TO:**  
THE TRAVELERS  
P.O. BOX 3556  
ORLANDO FL 32802-3556

FITCHBURG GAS & ELECTRIC LIGHT  
CO  
5 MCGUIRE STREET  
ATTN: THOMAS GATHERUM  
CONCORD NH 03301

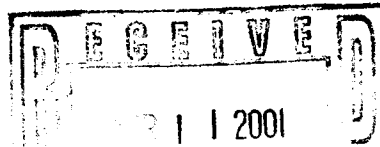
1-800-443-4404  
1-800-247-7218 (FL)

|            |             |
|------------|-------------|
| Amount Due | \$11,699.00 |
| Date Due   | 04/28/01    |

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

| DESCRIPTION      |                |          |                 | PREMIUM     |
|------------------|----------------|----------|-----------------|-------------|
| POLICY PERIOD    | EFFECTIVE DATE | 12/31/00 | EXPIRATION DATE | 12/31/01    |
| INSTALLMENT      | DUE DATE       | 04/28/01 |                 | \$11,822.00 |
| PAYMENT APPLIED  | DATE APPLIED   | 03/29/01 |                 | \$123.00-   |
| TOTAL AMOUNT DUE |                |          |                 | \$11,699.00 |



\*\* PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", \*\*  
\*\* CANCELLATION PROCEDURES WILL BE INITIATED. \*\*

SEE REVERSE SIDE FOR MORE INFORMATION  
TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

|                 |                        |
|-----------------|------------------------|
| Vouchered by:   | Voucher Month:         |
| PrePaid Check#: | Batch#:                |
| Approved By:    | Return Check To: Payee |

TRAVELERS  
P.O. BOX 96359  
CHICAGO IL 60693-6359

ASSIGNED RISK-V

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 18 of 45

Date of Bill: 04/30/01  
Policy Number: 716X9999

**DIRECT INQUIRIES TO:**

THE TRAVELERS  
P.O. BOX 3556  
ORLANDO FL 32802-3556

1-800-443-4404  
1-800-247-7218 (FL)

|            |             |
|------------|-------------|
| Amount Due | \$11,822.00 |
| Date Due   | 05/30/01    |

FITCHBURG GAS & ELECTRIC LIGHT  
CO  
5 MCGUIRE STREET  
ATTN: THOMAS GATHERUM  
CONCORD NH 03301

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

| DESCRIPTION   |                         |                          | PREMIUM     |
|---------------|-------------------------|--------------------------|-------------|
| POLICY PERIOD | EFFECTIVE DATE 12/31/00 | EXPIRATION DATE 12/31/01 |             |
| INSTALLMENT   | DUE DATE                | 05/28/01                 | \$11,822.00 |
|               | TOTAL AMOUNT DUE        |                          | \$11,822.00 |

\*\* PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE",  
\*\* CANCELLATION PROCEDURES WILL BE INITIATED. \*\*

SEE REVERSE SIDE FOR MORE INFORMATION  
TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

Voucher by:

Paid Check#:

proved By:

Voucher Month:

Batch#:

Return Check To: Payee

Wednesday, May 09, 2001

THE TRAVELERS  
P.O. BOX 96359  
CHICAGO IL 60693-6359

ASSIGNED R

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 19 of 45

Date of Bill: 05/29/01  
Policy Number: 716X9999

**DIRECT INQUIRIES TO:**

THE TRAVELERS  
P.O. BOX 3556  
ORLANDO FL 32802-3556

1-800-443-4404  
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT  
CO  
5 MCGUIRE STREET  
ATTN: THOMAS GATHERUM  
CONCORD NH 03301

|            |             |
|------------|-------------|
| Amount Due | \$11,822.00 |
| Date Due   | 06/28/01    |

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

| DESCRIPTION   |                         |                          | PREMIUM     |
|---------------|-------------------------|--------------------------|-------------|
| POLICY PERIOD | EFFECTIVE DATE 12/31/00 | EXPIRATION DATE 12/31/01 |             |
| INSTALLMENT   | DUE DATE                | 06/28/01                 | \$11,822.00 |
|               |                         | TOTAL AMOUNT DUE         | \$11,822.00 |

\*\* PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", \*\*  
\*\* CANCELLATION PROCEDURES WILL BE INITIATED. \*\*

SEE REVERSE SIDE FOR MORE INFORMATION

TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

#21215

|                 |                        |
|-----------------|------------------------|
| Vouchered by:   | Voucher Month:         |
| PrePaid Check#: | Batch#:                |
| Approved By:    | Return Check To: Payee |

**Travelers Property Casualty**  
A Member of Travelers Group  
**THE TRAVELERS**  
P.O. BOX 96359  
CHICAGO IL 60693-6359

00169

ASSIGNED RISK-V

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 20 of 45

Date of Bill: 06/28/01  
Policy Number: 716X9999

**DIRECT INQUIRIES TO:**

THE TRAVELERS  
P.O. BOX 3556  
ORLANDO FL 32802-3556

1-800-443-4404  
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT  
CO  
5 MCGUIRE STREET  
ATTN: THOMAS GATHERUM  
CONCORD NH 03301

|            |             |
|------------|-------------|
| Amount Due | \$11,822.00 |
| Date Due   | 07/28/01    |

PRODUCER: C J MCCARTHY INS AGCY


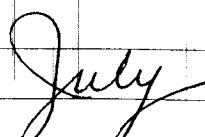
PAGE 1 OF 1

| DESCRIPTION      |                         |                          | PREMIUM     |
|------------------|-------------------------|--------------------------|-------------|
| POLICY PERIOD    | EFFECTIVE DATE 12/31/00 | EXPIRATION DATE 12/31/01 |             |
| INSTALLMENT      | DUE DATE                | 07/28/01                 | \$11,822.00 |
| TOTAL AMOUNT DUE |                         |                          | \$11,822.00 |

\*\* PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE",  
\*\* CANCELLATION PROCEDURES WILL BE INITIATED. \*\*

#21215

SEE REVERSE SIDE FOR MORE INFORMATION  
TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

|                 |   |                  |   |
|-----------------|---|------------------|---|
| Vouchered by:   |  | Voucher Month:   |  |
| PrePaid Check#: |   | Batch#:          | 202900759   |
| Approved By:    |   | Return Check To: | Payee   |

Monday, July 09, 2001

Page 6 of 22

THE TRAVELERS  
P.O. BOX 96359  
CHICAGO IL 60693-6359

ASSIGNED RISK

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 21 of 45

Date of Bill: 07/30/01  
Policy Number: 716X9999

**DIRECT INQUIRIES TO:**

THE TRAVELERS  
P.O. BOX 3556  
ORLANDO FL 32802-3556

1-800-443-4404  
1-800-247-7218 (FL)

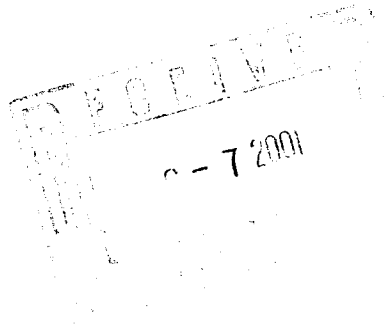
FITCHBURG GAS & ELECTRIC LIGHT  
CO  
5 MCGUIRE STREET  
ATTN: THOMAS GATHERUM  
CONCORD NH 03301

|            |             |
|------------|-------------|
| Amount Due | \$11,822.00 |
| Date Due   | 08/29/01    |

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

| DESCRIPTION   |                |                  |                 | PREMIUM     |
|---------------|----------------|------------------|-----------------|-------------|
| POLICY PERIOD | EFFECTIVE DATE | 12/31/00         | EXPIRATION DATE | 12/31/01    |
| INSTALLMENT   | DUE DATE       | 08/28/01         |                 | \$11,822.00 |
|               |                | TOTAL AMOUNT DUE |                 | \$11,822.00 |



\*\* PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE",  
\*\* CANCELLATION PROCEDURES WILL BE INITIATED. \*\*

# 51414

SEE REVERSE SIDE FOR MORE INFORMATION  
TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

|                 |                        |
|-----------------|------------------------|
| Vouchered by:   | Voucher Month:         |
| PrePaid Check#: | Batch#:                |
| Approved By:    | Return Check To: Payee |

Tuesday, August 07, 2001

THE TRAVELERS  
P.O. BOX 96359  
CHICAGO IL 60693-6359

ASSIGNED F

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 22 of 45

Date of Bill: 08/29/01  
Policy Number: 716X9999

DIRECT INQUIRIES TO:  
THE TRAVELERS  
P.O. BOX 3556  
ORLANDO FL 32802-3556

1-800-443-4404  
1-800-247-7218 (FL)

|            |             |
|------------|-------------|
| Amount Due | \$11,822.00 |
| Date Due   | 09/28/01    |

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

| DESCRIPTION   |                         |                          | PREMIUM     |
|---------------|-------------------------|--------------------------|-------------|
| POLICY PERIOD | EFFECTIVE DATE 12/31/00 | EXPIRATION DATE 12/31/01 |             |
| INSTALLMENT   | DUE DATE                | 09/28/01                 | \$11,822.00 |
|               | TOTAL AMOUNT DUE        |                          | \$11,822.00 |

SEP - 6 19

#21215

\*\* PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE",  
\*\* CANCELLATION PROCEDURES WILL BE INITIATED. \*\*

SEE REVERSE SIDE FOR MORE INFORMATION  
TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

|                 |                        |
|-----------------|------------------------|
| Vouchered by:   | Voucher Month:         |
| PrePaid Check#: | Batch#:                |
| Approved By:    | Return Check To: Payee |

THE TRAVELERS - AND  
P.O. BOX 3556  
ORLANDO FL 32802-3556

ASSIGNED R

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 23 of 45

Date of Bill: 11-07-01  
Policy Number: 716X9999

FITCHBURG GAS & ELECTRIC LIGHT  
CO  
5 MCGUIRE STREET  
ATTN: THOMAS GATHERUM  
CONCORD NH 03301

**DIRECT INQUIRIES TO:**

THE TRAVELERS - AND  
P.O. BOX 3556  
ORLANDO FL 32802-3556

1-800-443-4404  
(FL) 1-800-247-7218

|            |          |
|------------|----------|
| Amount Due | \$47584  |
| Date Due   | 12-31-01 |

PRODUCER: C J MCCARTHY INS AGCY

| TRANSACTION DESCRIPTION    | AMOUNT   |
|----------------------------|----------|
| AMOUNT NEEDED FOR RENEWAL: | \$ 47584 |

If we do not receive the required deposit premium by the due date, your policy will expire on that date. If the required deposit is received by us within 15 days after its due date, your policy will be reinstated effective the day after receipt. Monies received for deposit more than 15 days after the due date will be returned and the policy will not be reinstated.

TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

Vouchered by:  
PrePaid Check#:  
Approved By:



Voucher Month:

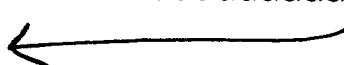
Batch#:

Return Check To: Requestor

Dec.  
202800889

**Special Mailing Instructions:**

HOLD CHECK for further instructions from TOM G





**2001  
XL  
INVOICE**

AEGIS Insurance Services, Inc.  
P.O. Box 23538  
Newark, NJ 07189

Wire Transfer:  
Contact Your Underwriter  
For Instructions



DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 25 of 45

Attn: Lockbox Department

**Insured:** UNITIL Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

**Invoice Number:** 23228  
**Date of Invoice:** 12/15/2000  
**Policy Number:** X0467A1A00

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.  
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO  
THE APPROPRIATE STATE OR LOCAL AGENCY.

| EFFECTIVE DATES |            | DESCRIPTION   |    | PREMIUM | PREMIUM |
|-----------------|------------|---|----|---------|---------|
| FROM            | TO         |   |    | CHARGE  | CREDIT  |
| 12/31/2000      | 12/31/2001 | Excess Liability Insurance Binder effective<br>December 31, 2000 to December 31, 2001 | \$ | 265,983 |         |

Less Continuity Credit \$ 57,636

AMOUNT DUE AEGIS \$ 208,347

*Re. 19380*

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.  
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

00467

SERIAL NUMBER 53917

**2001  
XL  
BROKER**

Carthy Ins Agency, Inc.  
Andover Street  
Wilmington, MA 01887  
Phone : 978-657-5100 Fax : 978-658-9185

Unitil Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

|   |                   |                       |
|---|-------------------|-----------------------|
| <b>INVOICE #</b>                          |                   | <b>71583</b>          |
| <b>ACCOUNT NO.</b>                        | <b>OP</b>         | <b>DA</b>             |
| <b>UNITI-1</b>                            | <b>MT</b>         | <b>01</b>             |
| <b>POLICY INFORMATION</b>                 |                   |                       |
| <b>POLICY #</b>                           |                   |                       |
| <b>CONSULTANT FEE</b>                     |                   |                       |
| <b>COMPANY</b>                            |                   |                       |
| <b>Associated Electric &amp; Gas Ins.</b> |                   |                       |
| <b>EFFECTIVE</b>                          | <b>EXPIRATION</b> | <b>BALANCE DUE ON</b> |
| <b>12/31/00</b>                           | <b>12/31/01</b>   | <b>01/31/01</b>       |

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 27 of 45

| Itm #            | Eff Date | Trn | Description                | Amount       |
|------------------|----------|-----|----------------------------|--------------|
| 452085           | 12/31/00 | AFE | Consulting Fee-12/31/00-01 | \$ 14,500.00 |
| Invoice Balance: |          |     |                            | \$ 14,500.00 |

12/31/00  
14,500.00

Consulting Fee - 12/31/00- 01 - Excess Liability/Fiduciary

\*\*\* PLEASE RETURN ONE COPY WITH YOUR REMITTANCE \*\*\*

**2001  
FL  
INVOICE**

AEGIS Insurance Services, Inc.  
P.O. Box 23538  
Newark, NJ 07189

Wire Transfer:  
Contact Your Underwriter  
For Instructions



29  
DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 29 of 45

Attn: Lockbox Department

**Insured:** Unitil Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

**Invoice Number:** 23264  
**Date of Invoice:** 12/20/2000  
**Policy Number:** F0467A1A00

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.  
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO  
THE APPROPRIATE STATE OR LOCAL AGENCY.

| EFFECTIVE DATES |            | DESCRIPTION  |    | PREMIUM | PREMIUM |
|-----------------|------------|--|----|---------|---------|
| FROM            | TO         |  |    | CHARGE  | CREDIT  |
| 12/31/2000      | 12/31/2001 | Renewal of Fiduciary Liability Insurance Policy.<br>Effective December 31, 2000 to December 31, 2001 | \$ | 12,650  |         |

AMOUNT DUE AEGIS \$ 12,650

Rec 19381

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.  
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

00467

SERIAL NUMBER

53889

**2001  
SS  
INVOICE**

C J McCarthy Ins Agency, Inc.  
229 Andover Street  
Wilmington, MA 01887  
Phone : 978-657-5100 Fax : 978-658-9185

Unitil Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

|   |                               |                                   |
|---|-------------------------------|-----------------------------------|
| <b>INVOICE #</b> 76250                    |                               | DTE 02-24 and DTE 02-25           |
| ACCOUNT NO.<br><b>UNITI-1</b>             | OP<br><b>MT</b>               | DJ<br><b>01</b>                   |
| <b>POLICY INFORMATION</b>                 |                               |                                   |
| POLICY #<br><b>MXI97000148</b>            |                               |                                   |
| COMPANY<br><b>Fireman's Fund Ins. Co.</b> |                               |                                   |
| EFFECTIVE<br><b>05/01/01</b>              | EXPIRATION<br><b>05/01/02</b> | BALANCE DUE ON<br><b>06/01/01</b> |

31  
DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 31 of 45

| Itm #            | Eff Date | Trn | Description                 | Amount      |
|------------------|----------|-----|-----------------------------|-------------|
| 501509           | 05/01/01 | REN | Equipment Floater-2001-2002 | \$ 6,347.00 |
| Invoice Balance: |          |     |                             | \$ 6,347.00 |

[REDACTED]

[REDACTED]

\*\*\* PLEASE RETURN ONE COPY WITH YOUR REMITTANCE \*\*\*



**2001  
D&O  
INVOICE**

33

AEGIS Insurance Services, Inc.  
P.O. Box 23538  
Newark, NJ 07189

Wire Transfer:  
Contact Your Underwriter  
For Instructions



DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 33 of 45

**Insured:** UNITIL Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

**Invoice Number:** 23944  
**Date of Invoice:** 04/26/2001  
**Policy Number:** D0467A1A01

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.  
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO  
THE APPROPRIATE STATE OR LOCAL AGENCY.

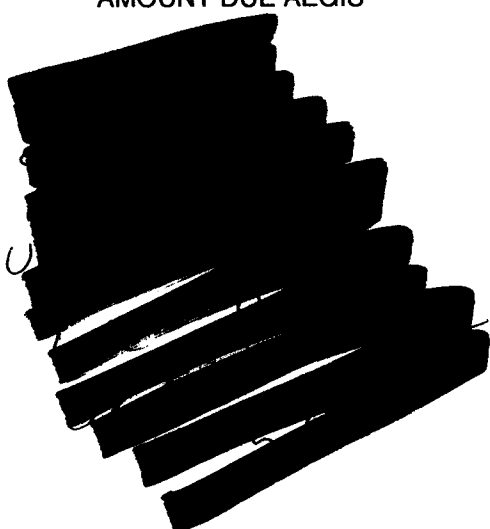
| EFFECTIVE DATES |            | DESCRIPTION   |    | PREMIUM | PREMIUM |
|-----------------|------------|---|----|---------|---------|
| FROM            | TO         |   |    | CHARGE  | CREDIT  |
| 04/28/2001      | 04/28/2002 | Directors & Officers Liability Insurance Policy,<br>effective April 28, 2001 to April 28, 2002. | \$ | 176,261 |         |

Less Continuity Credit

\$ 122,361

AMOUNT DUE AEGIS

\$ 53,898



PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.  
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

00467

SERIAL NUMBER

54747

**2001  
D&O  
BROKER**

C J McCarthy Ins Agency, Inc.  
229 Andover Street  
Wilmington, MA 01887  
Phone : 978-657-5100 Fax : 978-658-9185

Unitil Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

|   |                   |                       |
|---|-------------------|-----------------------|
| <b>INVOICE #</b>                          |                   | <b>76254</b>          |
| <b>ACCOUNT NO.</b>                        | <b>OP</b>         | <b>DA</b>             |
| <b>UNITI-1</b>                            | <b>MT</b>         | <b>05</b>             |
| <b>POLICY INFORMATION</b>                 |                   |                       |
| <b>POLICY #</b>                           |                   |                       |
| <b>CONSULTANT FEE</b>                     |                   |                       |
| <b>COMPANY</b>                            |                   |                       |
| <b>Associated Electric &amp; Gas Ins.</b> |                   |                       |
| <b>EFFECTIVE</b>                          | <b>EXPIRATION</b> | <b>BALANCE DUE ON</b> |
| <b>05/01/01</b>                           | <b>05/01/02</b>   | <b>06/01/01</b>       |

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 35 of 45

| Itm #            | Eff Date | Trn | Description                  | Amount       |
|------------------|----------|-----|------------------------------|--------------|
| 501514           | 05/01/01 | AFE | Consulting fee-D&O-2001-2002 | \$ 15,000.00 |
| Invoice Balance: |          |     |                              | \$ 15,000.00 |



23986

Consulting Fee - Directors & Officers Coverage

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36

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 36 of 45

**2001  
EP  
INVOICE**

Carthy Ins Agency, Inc.

Andover Street  
Hamington, MA 01887  
Phone : 978-657-5100 Fax : 978-658-9185

Unitil Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

INVOICE # 74095

ACCOUNT NO.  
UNITI-1

OP  
MT

DA  
03

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 37 of 45

POLICY INFORMATION

POLICY #  
4274750

COMPANY

Admiral Ins. Co.

EFFECTIVE  
02/02/01

EXPIRATION  
02/02/02

BALANCE DUE ON  
03/21/01

| Itm #            | Eff Date | Trn | Description               | Amount      |
|------------------|----------|-----|---------------------------|-------------|
| 471882           | 02/02/01 | REN | Employment Practices Liab | \$ 8,123.00 |
| 471883           | 02/02/01 | OTX | NH state tax              | \$ 162.46   |
| Invoice Balance: |          |     |                           | \$ 8,285.46 |

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38

**2001  
EP  
BROKER**

ay Ins Agency, Inc.

Street

MA 01887

8-657-5100 Fax : 978-658-9185

Unitil Corporation

6 Liberty Lane West

Hampton, NH 03842-1720

INVOICE # 74100

ACCOUNT NO.

UNITI-1

OP

MT

DA

02

DTE 02-24 and DTE 02-25

Common Discovery

AG 1-61 Attachment 2

Page 39 of 45

POLICY INFORMATION

POLICY #

CONSULTING FEE/EPLI

COMPANY

Admiral Ins. Co.

EFFECTIVE

02/02/01

EXPIRATION

02/02/02

BALANCE DUE ON

03/21/01

| Itm #            | Eff Date | Trn | Description         | Amount      |
|------------------|----------|-----|---------------------|-------------|
| 471889           | 02/02/01 | AFE | Consulting fee-EPLI | \$ 1,250.00 |
| Invoice Balance: |          |     |                     | \$ 1,250.00 |

OK 82  
2/16/01

R

Employment Practices Liab.-Consulting fee-2001-2002

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40

**2001  
AR  
INVOICE**

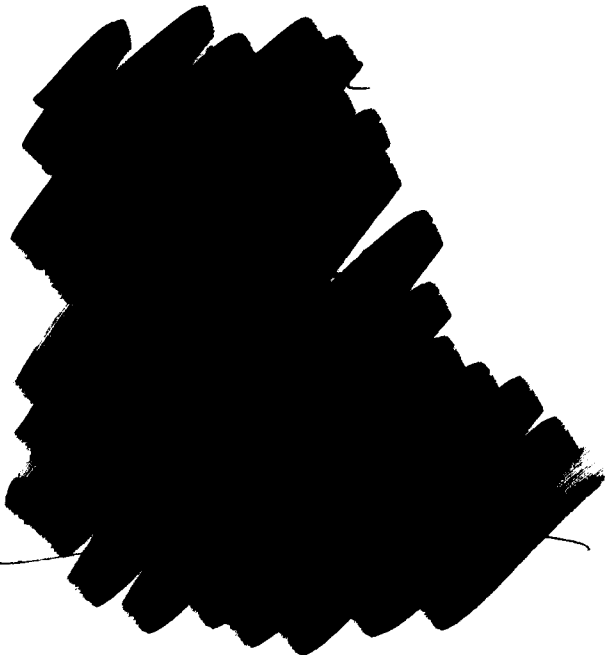
C J McCarthy Ins Agency, Inc.  
229 Andover Street  
Wilmington, MA 01887  
Phone : 978-657-5100 Fax : 978-658-9185

Unitil Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

|                            |                        |
|----------------------------|------------------------|
| <b>INVOICE #</b> 7624      |                        |
| ACCOUNT NO.<br>UNITI-1     | OP<br>MT               |
| POLICY #<br>ST2605623      |                        |
| COMPANY<br>A.I.G           |                        |
| EFFECTIVE<br>05/01/01      | EXPIRATION<br>05/01/02 |
| BALANCE DUE ON<br>06/01/01 |                        |

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 41 of 45

| Itn #            | Eff Date | Trn | Description               | Amount       |
|------------------|----------|-----|---------------------------|--------------|
| 501499           | 05/01/01 | REN | Property Policy-2001-2002 | \$ 75,602.00 |
| Invoice Balance: |          |     |                           | \$ 75,602.00 |



239000

Second Year Installment - 05/01/01-05/01/02

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112

**2001  
CRIME  
INVOICE**

43

Carthy Ins Agency, Inc.  
over Street  
ington, MA 01887  
Phone : 978-657-5100 Fax : 978-658-9185

|                                      |            |                |
|--------------------------------------|------------|----------------|
| <b>INVOICE # 7407</b>                |            |                |
| ACCOUNT NO.                          | OF         | D              |
| UNITI-1                              | MT         | C              |
| POLICY INFORMATION                   |            |                |
| POLICY #<br>BDN1575391               |            |                |
| COMPANY<br>Hanover Insurance Company |            |                |
| EFFECTIVE                            | EXPIRATION | BALANCE DUE ON |
| 02/01/00                             | 02/01/03   | 02/01/01       |

DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 43 of 45

Unitil Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

| Itm #            | Eff Date | Trn | Description                   | Amount      |
|------------------|----------|-----|-------------------------------|-------------|
| 452375           | 02/01/01 | NIS | Crime Bond- 2nd year Install. | \$ 5,200.00 |
| Invoice Balance: |          |     |                               | \$ 5,200.00 |

*OK 88  
3/16/01*



*02/01/02*

2nd year Installment - 02/01/01 - 02/01/02

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**2001  
KE  
INVOICE**

Arthy Ins Agency, Inc.  
Over Street  
Hampton, MA 01887  
Phone : 978-657-5100 Fax : 978-658-9185

Unitil Corporation  
6 Liberty Lane West  
Hampton, NH 03842-1720

INVOICE # 74282

Page 1 45

ACCOUNT NO. UNITI-1 OP MT

POLICY #  
SCC-10304500

COMPANY  
Underwriters @ LLOYD'S, LONDON

EFFECTIVE 04/12/01 EXPIRATION 04/12/04

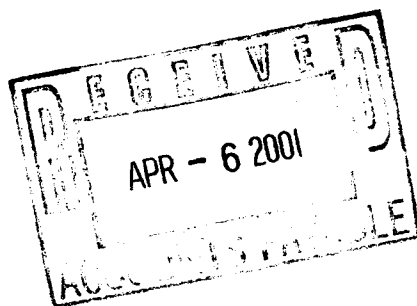
DTE 02-24 and DTE 02-25  
Common Discovery  
AG 1-61 Attachment 2  
Page 45 of 45

BALANCE DUE ON  
04/12/01

| Itm #            | Eff Date | Trn | Description      | Amount      |
|------------------|----------|-----|------------------|-------------|
| 474788           | 04/12/01 | NEW | Special Coverage | \$ 4,235.00 |
| 474789           | 04/12/01 | OTX | Other State Tax  | \$ 84.70    |
| Invoice Balance: |          |     |                  | \$ 4,319.70 |



PR \$ 22170



Kidnap/Ransom/Extortion - Limit - \$3,000,000 3 yr Pre-paid

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